

# STATE CORPORATE TAX ELECTRONIC FILING AUTHORIZATION

DO NOT MAIL TO THE DEPARTMENT OF REVENUE - RETAIN FOR YOUR RECORDS

## PART I: CORPORATE INFORMATION

Corporation Name:	<input type="text"/>		
Federal Employer ID Number (FEIN):	<input type="text"/>	State Tax ID Number:	<input type="text"/>
Street Address:	<input type="text"/>		
City, State, Zip Code:	<input type="text"/>		
Taxable Year Beginning:	<input type="text"/>	Taxable Year Ending:	<input type="text"/>

## PART II: FINANCIAL TYPOGRAPHY / TAX RETURN INFORMATION

1. Federal Gross Receipts (or Sales):	\$ <input type="text"/>
2. State Taxable Income:	\$ <input type="text"/>
3. Total Tax Liability:	\$ <input type="text"/>
4. State Tax Overpayment (Refund):	\$ <input type="text"/>
5. Balance Due (Amount Owed):	\$ <input type="text"/>

## PART III: DECLARATION AND SIGNATURE OF CORPORATE OFFICER

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have compared the information on this electronic authorization form with the information on the corresponding electronic state corporate income tax return. To the best of my knowledge and belief, the return is true, correct, and complete. I consent to allow the electronic return originator (ERO) to transmit this return to the State Department of Revenue on the corporation's behalf.

Signature of Officer:	<input type="text"/>	Date:	<input type="text"/>
Title of Officer:	<input type="text"/>		

## PART IV: DECLARATION AND SIGNATURE OF ELECTRONIC RETURN ORIGINATOR (ERO)

I declare that I have reviewed the above corporate tax return and that the entries on this form are complete and correct to the best of my knowledge. I have obtained the corporate officer's signature on this form before transmitting this return.

ERO Signature:	<input type="text"/>	Date:	<input type="text"/>
Firm's Name:	<input type="text"/>	ERO PTIN/SSN:	<input type="text"/>
Firm's Address:	<input type="text"/>		